

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A Public Document

Please type or print in ink.

NAME (LAST)		(FIRST)	(MIE	DDLE)	DAYTIME TELEPHONE NUMBER
Snow		Lester	А		(916) 653-7310
MAILING ADDRESS (Business Address Accept	STREET table)	CITY	. STAT	ZIP CODE	OPTIONAL: E-MAIL ADDRESS
1416 Ninth Street		Sacramento	CA	95814	

1. Office, Agency, or Court							
Name of Office, Agency, or Court:							
Natural Resources Agency							
Division, Board, District, if applicable:							
Your Position:							
Secretary for Natural Resources							
► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)							
Agency: See attached list							
Position:							
2. Jurisdiction of Office (Check at least one box)							
County of							
City of							
Multi-County							
Other							
3. Type of Statement (Check at least one box)							
Annual: The period covered is January 1, 2009, through December 31, 2009.							
-or-							
O The period covered is/, through December 31, 2009.							
Leaving Office Date Left:/(Check one)							
⊗ The period covered is January 1, 2009, through the date of leaving office.							
-or-							
O The period covered is/, through the date of leaving office.							
Candidate Election Year:							

4. Schedule Summary						
Total number of pages including this cover page:						
➤ Check applicable schedules or "No reportable interests."						
I have disclosed interests on one or more of the attached schedules:						
Schedule A-1 Yes – schedule attached Investments (Less than 10% Ownership)						
Schedule A-2 X Yes — schedule attached Investments (10% or Greater Ownership)						
Schedule B						
Schedule C X Yes — schedule attached Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)						
Schedule D X Yes — schedule attached Income – Gifts						
Schedule E 🛛 Yes – schedule attached Income – Gifts – Travel Payments						
-or-						
No reportable interests on any schedule						

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed	2/25/1	O	
Signature Tile: Inp ong	maliy signeo statem	ent with your filing official.	.)

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts (Ownership Interest is 10% or Greater)

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FAIR PO	ilineai	PRAC	TOES 0	OWW!	3310	V.
		SERVICE SE	AND WARRY	CARNOT A	33 2 X	
Name						
l						

► 1. BUSINESS ENTITY OR TRUST	▶ 1. BUSINESS ENTITY OR TRUST
Name	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one	Check one
Trust, go to 2 Business Entity, complete the box, then go to 2	☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
[\$2.000 - \$10.000	\$2,000 - \$10,000 \$10,001 - \$100,000
10,001 - \$100,000 J 09 J 09 DISPOSED	\$10,001 - \$100,000
☐ S100,001 - \$1,000,000 ACQUIRED DISPOSED ☐ Over \$1,000,000	Over \$1,000,000
☐ Over \$1,000,000	
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Sole Proprietorship Partnership Olher	Other
YOUR BUSINESS POSITION Husband	YOUR BUSINESS POSITION
 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO)RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST) 	► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY (RUST)	
□ so - \$499	\$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000
\$500 - \$1,000 OVER \$100,000	\$1,001 - \$10,000
☐ \$1,001 - \$10,000	> 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)	NCOME OF \$10,000 OR MORE (quach a separate sheet if necessary)
S. HOURIL OF A PRODUCT MORE ARRESTS - PRODUCT	
	► 4 INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE
 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST. 	BUSINESS ENTITY OR TRUST
Check one box:	Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
Name of Business Entity <u>or</u> Street Address or Assessor's Parcel Number of Real Property	Name of Business Entity <u>or</u> Street Address or Assessor's Parcel Number of Real Property
Stiedt Address of Assessor's Farce Indition of New Property	
•	
	Description of Business Activity or
Description of Business Activity <u>or</u> City or Other Precise Location of Real Property	City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 - \$100,000	\$10,001 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Property Ownership/Deed of Trust Stock Partnership	Property Ownership/Deed of Trust Stock Partnership
Leasehold Other Vrs. remaining	_ Leasehold Other
Check box if additional schedules reporting investments or real property	Check box if additional schedules reporting investments or real property
are attached	are attached
Comments:	FPPC Form 700 (2009/2010) Sch. A

SCHEDULE B Interests in Real Property (Including Rental Income)

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Nam	е								
	CAL FAIR Nam	CALIFO FAIR POLIT Name	CALIFORN FAIR POLITICAL Name	CALIFORNIA F FAIR FOLITICAL PRAY Name	CALIFORNIA FOR FAIR POLITICAL PRACTIC Name	CALIFORNIA FORM FAIR FOLITICAL PRACTICES O Name	CALIFORNIA FORM FAIR FOLITICAL PRACTICES COM Name	CALIFORNIA FORM / CAR POLITICAL PRACTICES COMMISSI Name	CALIFORNIA FORM / UU FAIR POLITICAL PRACTICES COMMISSION Name

TREET ADDRESS OR PRECISE LOCATION	► STREET ADDRESS OR PRECISE LOCATION
TY	CITY
AIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
] \$2,000 · \$10,000	\$2,000 - \$10,000
1 \$10,001 - \$100,000//	\$\begin{array}{ c c c c c c c c c c c c c c c c c c c
\$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000
Over \$1,000,000	Over \$1,000,000
14.4	NATURE OF INTEREST
ATURE OF INTEREST	Ownership/Deed of Trust Easement
Ownership/Deed of Trust Easement	Ownership/sector of Trast
Leasehold	Leasehold
Yrs. remaining Other	Yrs. remaining Other
F RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
] \$0 - \$499	\$1,001 - \$10,000 S1,000 S1,000 S1,000 S1,000
] \$10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater	SOURCES OF RENTAL INCOME: If you own a 10% or greater
nterest, list the name of each tenant that is a single source of	interest, list the name of each tenant that is a single source o
ncome of \$10,000 or more.	income of \$10,000 or more.
]
ou are not required to report loans from commercial	I lending institutions made in the lender's regular course
You are not required to report loans from commercial of business on terms available to members of the purand loans received not in a lender's regular course o	iblic without regard to your official status. Personal loan
of business on terms available to members of the pu	I lending institutions made in the lender's regular course ablic without regard to your official status. Personal loan of business must be disclosed as follows:
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SCHEDULE C Income, Loans, & Business Positions (Other than Gifts and Travel Payments)

CAL	IF O	RMIA	V F C) RN		7	10	1
FAIR F	101111	CAL P	RACT	ICES	COM		000	
Nam	е				- Table	AND DESCRIPTIONS		
								_

. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
The state of the s	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
Placerville CA 95667	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Spouse's Income	- I TOTAL PROPERTY OF THE PROP
OUR BUSINESS POSITION	YOUR BUSINESS POSITION
·	
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
☐ \$500 \$1,000 ☐ \$1,001 - \$10,000 ☑ \$10,001 - \$100,000 ☐ OVER \$100,000	\$500 - \$1,000 \$1,001 - \$10,000 S10,000 OVER \$100,000
▼ \$10,001 - \$100,000 □ OVER \$100,000	
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income	Salary Spouse's or registered domestic partner's income
Loan repayment	Loan repayment
Sale of(Property, car, boat, etc.)	Sale of(Property, car, boat, etc.)
Commission or Rental Income, list each source of \$10,000 or more	2 Commission of Rental Income, his each source of \$10,000 of more
. Other	Other
Other(Describe)	(Describe)
	11
 2. Loans received or outstanding during the reportified. 	ng Period
of a retail installment or credit card transaction,	nercial lending institutions, or any indebtedness created as pa made in the lender's regular course of business on terms ard to your official status. Personal loans and loans received ast be disclosed as follows:
NAME OF LENDER	INTEREST RATE TERM (Months/Years)
NAME OF LENDER	
ADDRESS (Business Address Acceptable)	% None
· (Salanoso / Maroot (Salanoso)	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
	Deal Personal
HIGHEST BALANCE DURING REPORTING PERIOD	Real Property Street address
\$500 - \$1,000	Oliv
\$1,001 - \$10,000	City
S10,001 - \$100,000	Guarantor
OVER \$100,000	Other(Describe)
•	
	· ·
Comments:	

SCHEDULE D Income - Gifts

CALII	ORI LITICA	VIA FO	ORM TICES	7 commis	OO) Nois
Name					

NAME OF SOURCE	► NAME OF SOURCE
University of Arizona	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
Tucson AZ 85721	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Public University	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
1 , 21 , 09	\$
	\$
	\ <u></u> \$
► NAME OF SOURCE	► NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
\$	\$
	\$
▶ NAME OF SOURCE	NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
	\$
\$	\$
	. \$

SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements

CALI	FOF	ग्रा	ų Fe	RW	7	(0
Name	o) HV dla		RACI	(DES)	COMIV	iissic	JNU

 Reminder – you must mark the gift or i You are not required to report income 	
NAME OF SOURCE	► NAME OF SOURCE
University of Arizona	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
Tucson AZ 85721	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Public University	
Public Offiversity	
DATE(S): 1 / 21 / 09 1 / 23 / 09 AMT: \$ 876.25	DATE(S):/ AMT: \$
TYPE OF PAYMENT: (must check one) Gift Income	TYPE OF PAYMENT: (must check one) Gift Income
DESCRIPTION:	DESCRIPTION:
NAME OF SOURCE	► NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S):	DATE(S):
TYPE OF PAYMENT: (must check one) Gift Income	TYPE OF PAYMENT: (must check one) Gift Income
	DESCRIPTION:
DESCRIPTION:	DESCRIPTION:
Comments:	

Lester Snow, Secretary for Resources Form 700 Expanded, 2010

Baldwin Hills Conservancy Attn: David Mc Neill 3578 Eastham Drive, Suite C Culver City, CA 90232 **Board Member**

California Coastal Commission Attn: Patricia Beck 45 Fremont Street, Suite 2000 San Francisco, Ca 94105 Commissioner

California Cultural and Historical Endowment Board P. O. Box 942837 Sacramento, CA 94237-0001

Member

California Energy Commission 1516 Ninth Street, MS 39 Sacramento, CA 95814 Ex-Officio Member

California Ocean Protection Council Attn: Cindy Martin 1330 Broadway, Suite 1100 Oakland, CA 94612 Council Chair

California Tahoe Conservancy Attn: Ryan Davis P. O. Box 7758 South Lake Tahoe, CA 96158

Board Member

California Urban Waterfront Area Restoration Financing Authority Attn: Chris Sneed, Filing Officer 915 Capitol Mall, Room 538 Sacramento, Ca 95814 **Board Member**

Coachella Valley Mountains Conservancy Attn: Kerrie Marshall 76-710 Fred Waring Drive, Suite 205 Palm Desert, CA 92260 Board Member

Lester Snow Expanded Form 700, 2010 - Page 2

San Gabriel and Lower Los Angeles Rivers and

Mountains Conservancy

Attn: Belinda Faustinos Annex 2nd Floor 100 N. Old San Gabriel Canyon Road

100 N. Old Sall Gabilet Call

Azusa, CA 91702

San Joaquin River Conservancy

Attn: Candyce Rogers 5469 East Olive Avenue

Fresno, Ca 93727

California Partnership for the San Joaquin Valley

c/o Business, Transportation & Housing

980 9th Street

Sacramento, Ca 95814

Santa Monica Mountains Conservancy

Attn: Desiree Valdez

5750 Ramirez Canyon Road

Malibu, CA 90265

California Coastal Conservancy

Attn: Melanie Wong

1330 Broadway, Suite 1300

Oakland, CA 94612

California Bay Delta Authority

Attention: Lynn Darby 650 Capitol Mall, 5th Floor Sacramento, CA 95814

San Diego River Conservancy 9174 Sky Park Court, STE 100

San Diego, CA 92123

Sierra Nevada Conservancy 1416 9th Street. STE 1311

Sacramento, CA 95814

Department of Technology Services

Gold Camp Campus P.O. Box 1810

Rancho Cordova, CA 95741-1810

Board Member

Board Member

Deputy Chair

Board Member

Board Member

Board Member

Board Member

Board Member

Board Member